IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 247403

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4843707931

APPLICANT/OWNER: SHEENA SHARPE & RYAN HARRIS APPLICANT ADDRESS: 1213 SLOANS MILL ROAD, UNION GROVE, N.C. 28689

SITE ADDRESS: 166 INDIAN HILL ROAD, UNION GROVE, N.C. 28689 PHONE: 704-902-9989 ALT. PHONE 704-682-0917

SITE DIRECTIONS: (N) ON 77, (L) ON 901, (L) ON SLOANS MILL, (R) ON INDIAN HILL, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

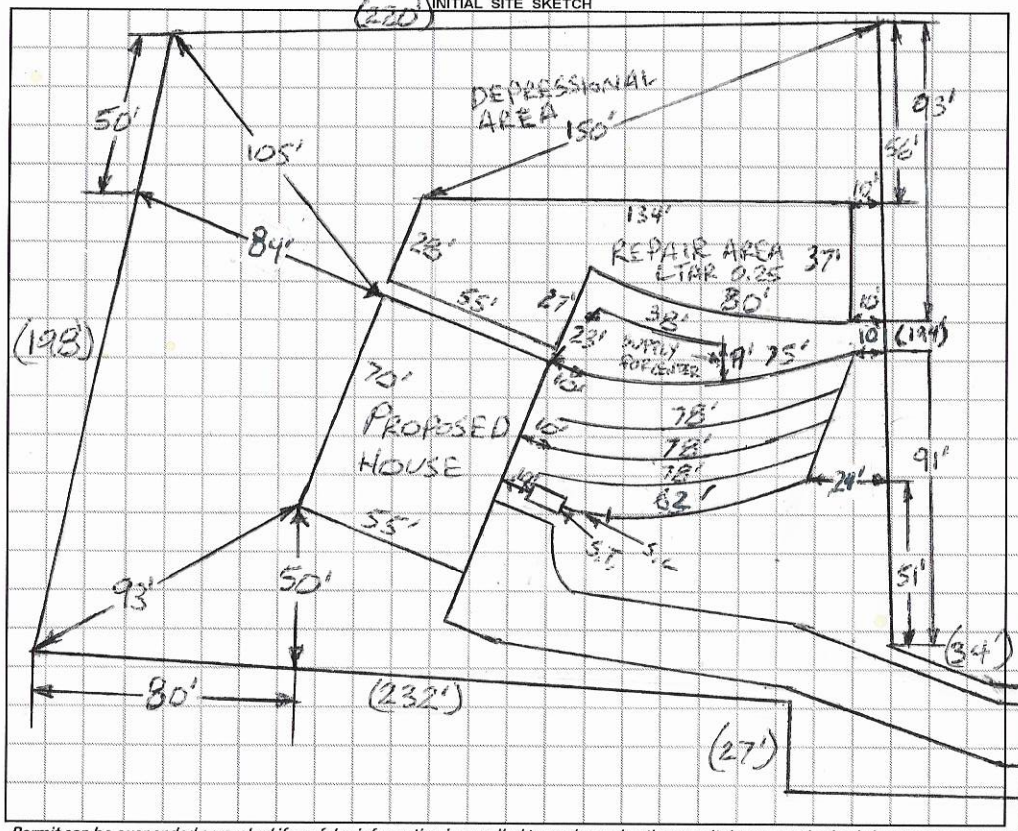
SUBDIVISION: SHEENA SHARPE & RYAN HARRIS PROP SECTION: — LOT # 2 LOT AREA: 1.305 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3/0.25 REPAIR

Septic Tank	1000	(gal)	STB 1012.	Date	9-7-2020	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	—	(gal)	PT —	Date	—	System Description:	GRAVITY-25% REDUCTION			☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% REDUCTION			☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	6	Linear Ft	400 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

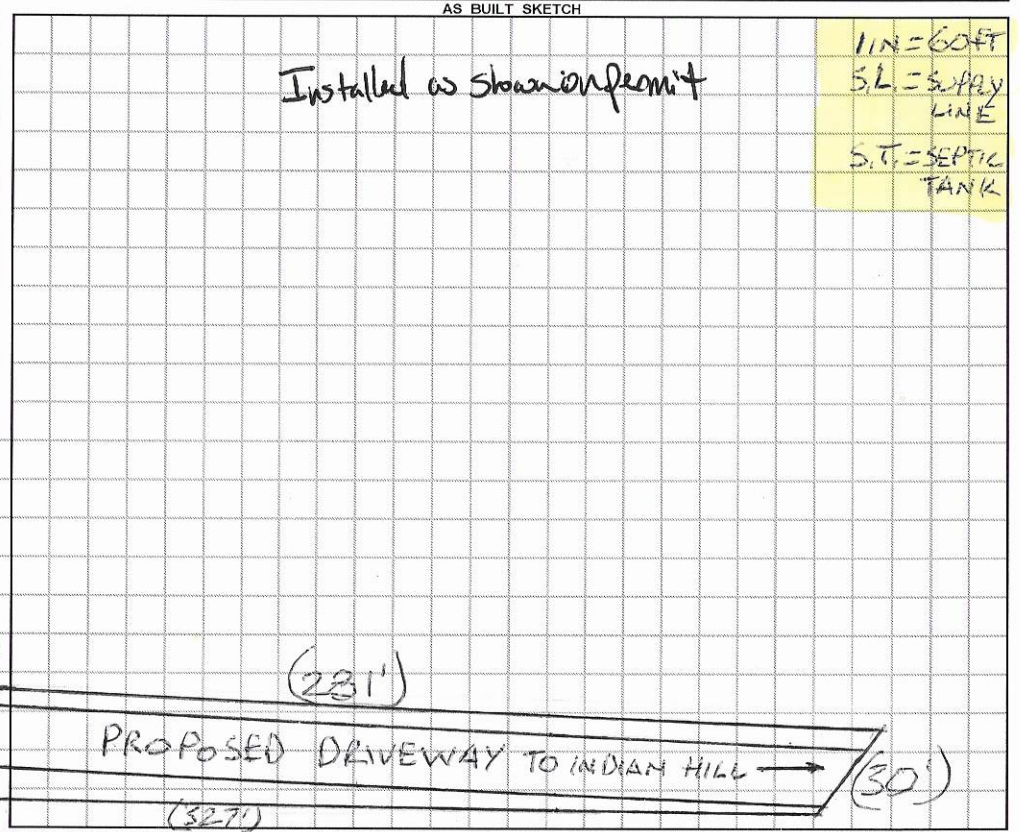
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 6FT CENTERS, NO FOUNDATION DRAINS TO BE INSTALLED AROUND UTILIZES SERIAL DISTRIBUTION, MAINTAIN 50FT FROM HOUSE.
ALL WELLS, DONOT GO INTO DEPRESSIONAL AREA.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9-19-19 Installed by: Steve Jordan.

IMPROVEMENT PERMIT by: [signature] Date: 9-17-19 OPERATION PERMIT by: Benjamin A. Button Date: 10/27/2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9-17-19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4841520793
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: SHEENA SHARPE & RYAN HARRIS — APPLICATION DATE: 8-9-19
ADDRESS: 1213 SLOANS MILL ROAD, UNION GROVE, N.C. 28689 — DATE EVALUATED: 8-26-19
PROPOSED FACILITY: 4BR — PROPOSED DESIGN FLOW (.1949): 480GPD — PROPERTY SIZE: 1.305 AC
LOCATION OF SITE: 166 INDIAN HILL ROAD, UNION GROVE, NC 28689 — PROPERTY RECORDED: YES
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut — TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY (FROM CLEARING)	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 10%	0-8	MIXED/SBK/SCL	FR, SS, SP, SEXP	FEW Y/B IN C SAP INC THRU OUT	52"+	NA	NA	PS .3
		8-13	SBK, SCL	FR, SS, SP, SEXP					
		13-36	ABK, C	FI, S, P, SEXP					
		36-52	WABK/CL	FI, SS, SP, SEXP					
2	LINEAR SIDE 10%	0-8	SCL, SBK	FR, SS, SP, SEXP	FEW Y/B IN C SAP INC THRU OUT	50"+	NA	NA	PS .3
		8-39	C, ABK	FR, S, P, SEXP					
		39-50	CL/WABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 10%	0-12	SCL, SBK	FR, SS, SP, SEXP	FEW Y/B IN C SAP INC THRU OUT	50"+	NA	NA	PS .3
		12-40	C, ABK	FR, S, P, SEXP					
		40-50	CL/WABK	FI, SS, SP, SEXP					
4	TOE OF LONG LINEAR HEAD 15%	0-11	SCL, SBK	FR, SS, SP, SEXP	10YR 7/3 11-42" SAP INC THRU OUT	46"	PS II SL	NA	PS .25
		11-36	C, ABK	FR, S, P, SEXP					
		36-46	CL/WABK	FI, SS, SP, SEXP					
		46-52	SAP, MAS	VFR, NS/NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	~~0~~ 25%	25%
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Brent C. White
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

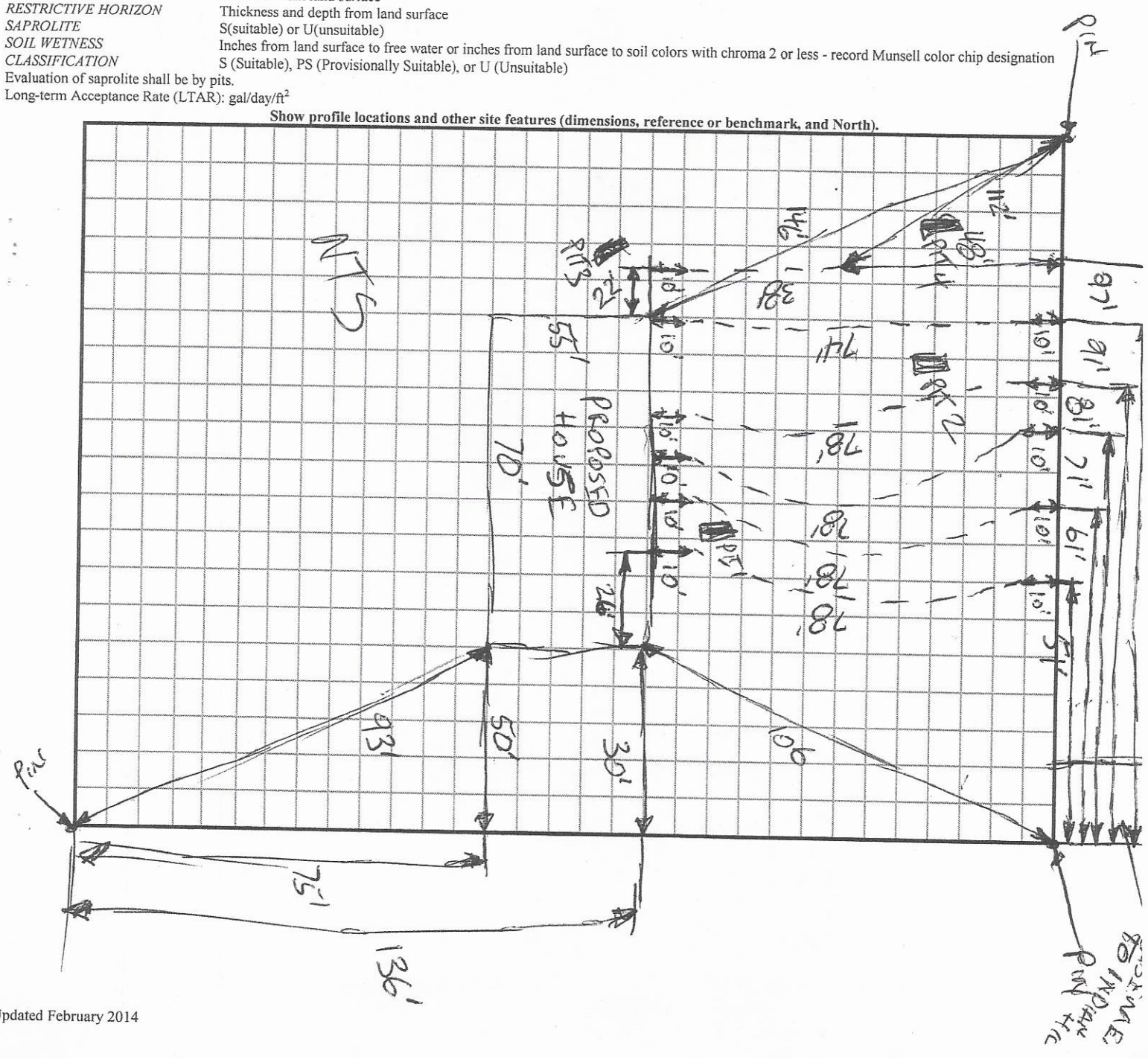
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



SVL

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

247403 $500

1. APPLICATION FOR: √ Improvement Permit √ Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

SHEENA SHARPE RYAN HARRIS	1213 SLOANS MILL RD	704-902-9989	(704)682-0917
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SHEENA SHARPE RYAN HARRIS	1213 SLOANS MILL RD	(704)902-9989	(704)682-0917
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

166 INDIAN HILL RD	N/A	4843-70-7931
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: I-77 NORTH TO EXIT 65 TAKE LEFT. PASS UNION GROVE SCHOOL TAKE LEFT ON SLOANS MILL RD, THEN TURN RIGHT ON INDIAN HILL RD 1/2 MILE ON RIGHT

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(√) New, Single Family Residence — Maximum Number of Bedrooms 4 — (√) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 5 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (√) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative (√) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (√) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (√) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (√) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: ___ 8/8/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

X **Property Line measurements are clearly identified...** X **All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

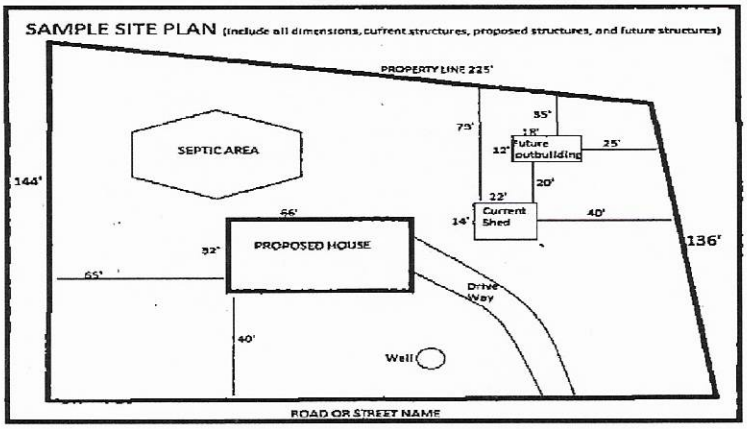
____ **Front and side setbacks from property line...** ____ **Preferred driveway location and configuration, preferred well location...**

X **Area you prefer your septic system to be placed...** ____ **North arrow, or other sufficient indicator of direction...**

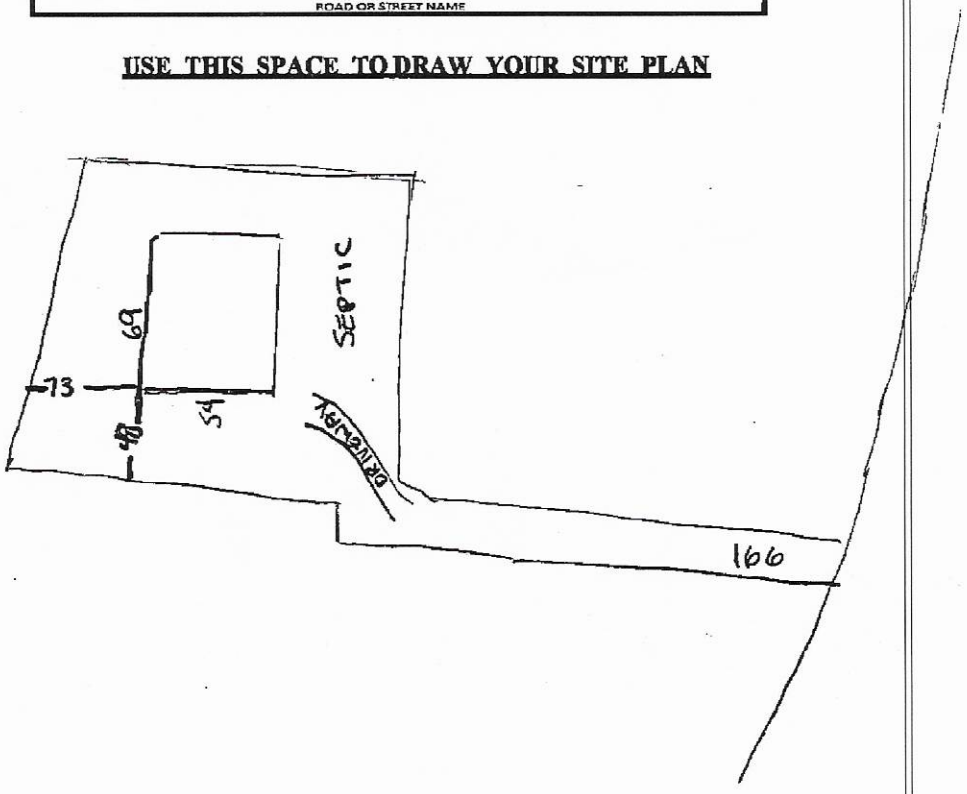
Circle N/A on the following if appropriate:

N/A **Location of septic systems and wells within 100' of your property... N/A**

____ **Location of easements and rights of ways on your property... N/A** ____ **Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Janet Ray Hall

REQUIRED **property owner or owner's legal representative signature.**

8/9/19

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, KENNETH RYAN HARRIS & SHEENA MARIE SHARPE, am the legal owner(s) of the property located at 166 INDIAN HILL RD UNION GROVE, NC 28689, identified as PIN (Parcel Identification Number) 4843707931.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

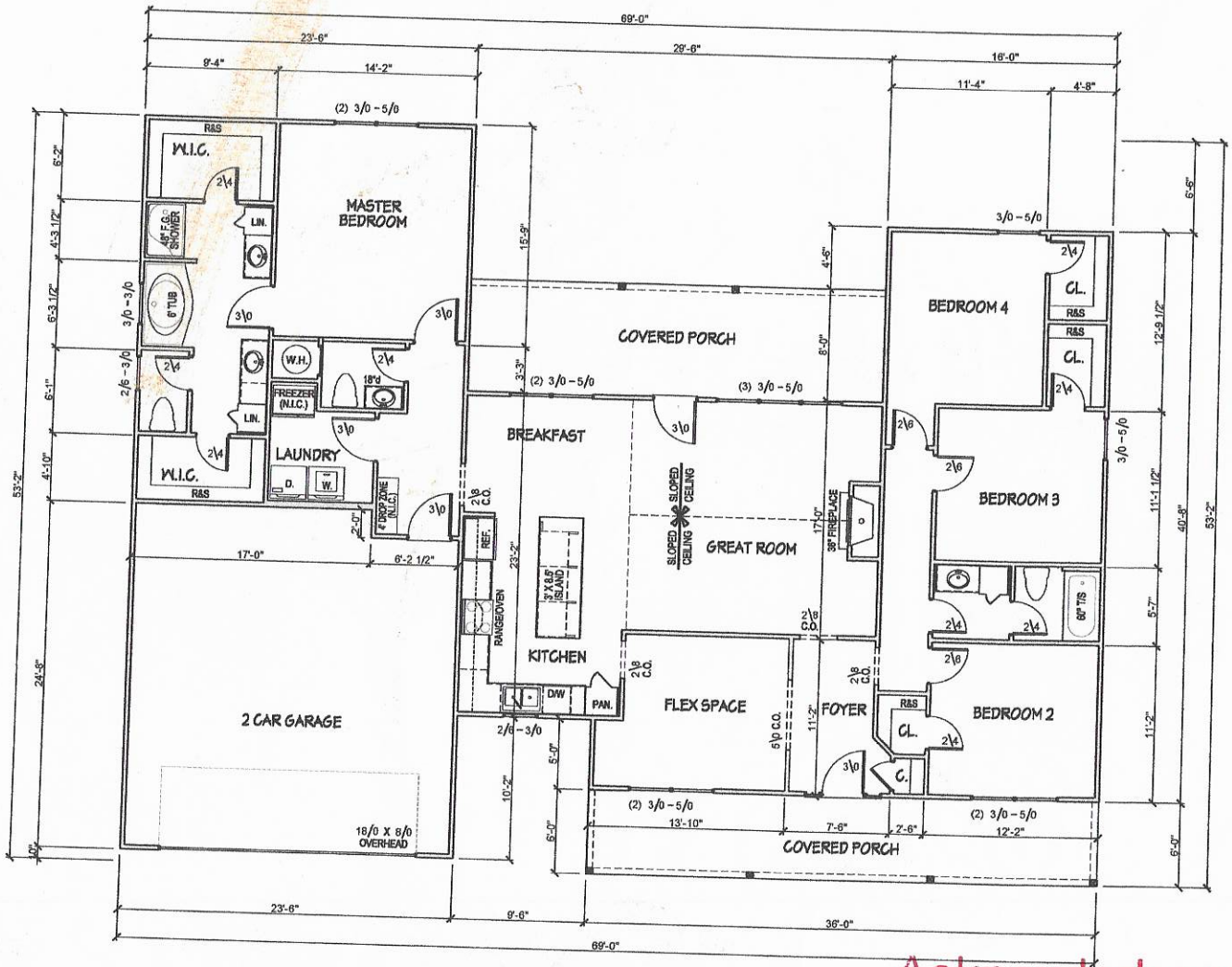
8/8/19

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



PRELIMINARY
PRELIMINARY INFORMATION ONLY
NOT FOR CONSTRUCTION

Acknowledgement Of
Plans Submittal ONLY!

Date 09/26/19

Date

Builder's Initials 9-17-19

DENALI HOME BUILDERS
1270 Northside Drive
Statesville, NC
(704) 872-1591

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF DENALI HOME BUILDERS. ALL RIGHTS RESERVED
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HARRIS RESIDENCE
INDIAN HILL ROAD ◆ UNION GROVE, NC

FLOOR PLAN

SQUARE FOOTAGE	
MAIN LEVEL	2100 S.F.
FRONT PORCH	212 S.F.
REAR PORCH	236 S.F.
GARAGE	564 S.F.
TOTAL HEATED	2100 S.F.

DRAWN BY: DOUG GAITHER
DESIGN NO: DH-2019-145
SCALE: 1/8" = 1'-0"
BASE PLAN: CUSTOM
REVISION:

MANAGER KENT JACKSON
DATE DRAWN: 08/09/19

B2.2

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
247403
Issue Date: 03/09/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4843707931.000	166 INDIAN HILL ROAD, UNION GROVE, NC 28689	

Owner Information	Applicant Information
Owner: SHEENA SHARPE+RYAN HARRIS	Applicant: SHEENA SHARPE+RYAN HAR
Address: 1213 SLOANS MILL RD	Address: 1213 SLOANS MILL RD
UNION GROVE, NC 28689	UNION GROVE, NC 28689
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

Remarks:

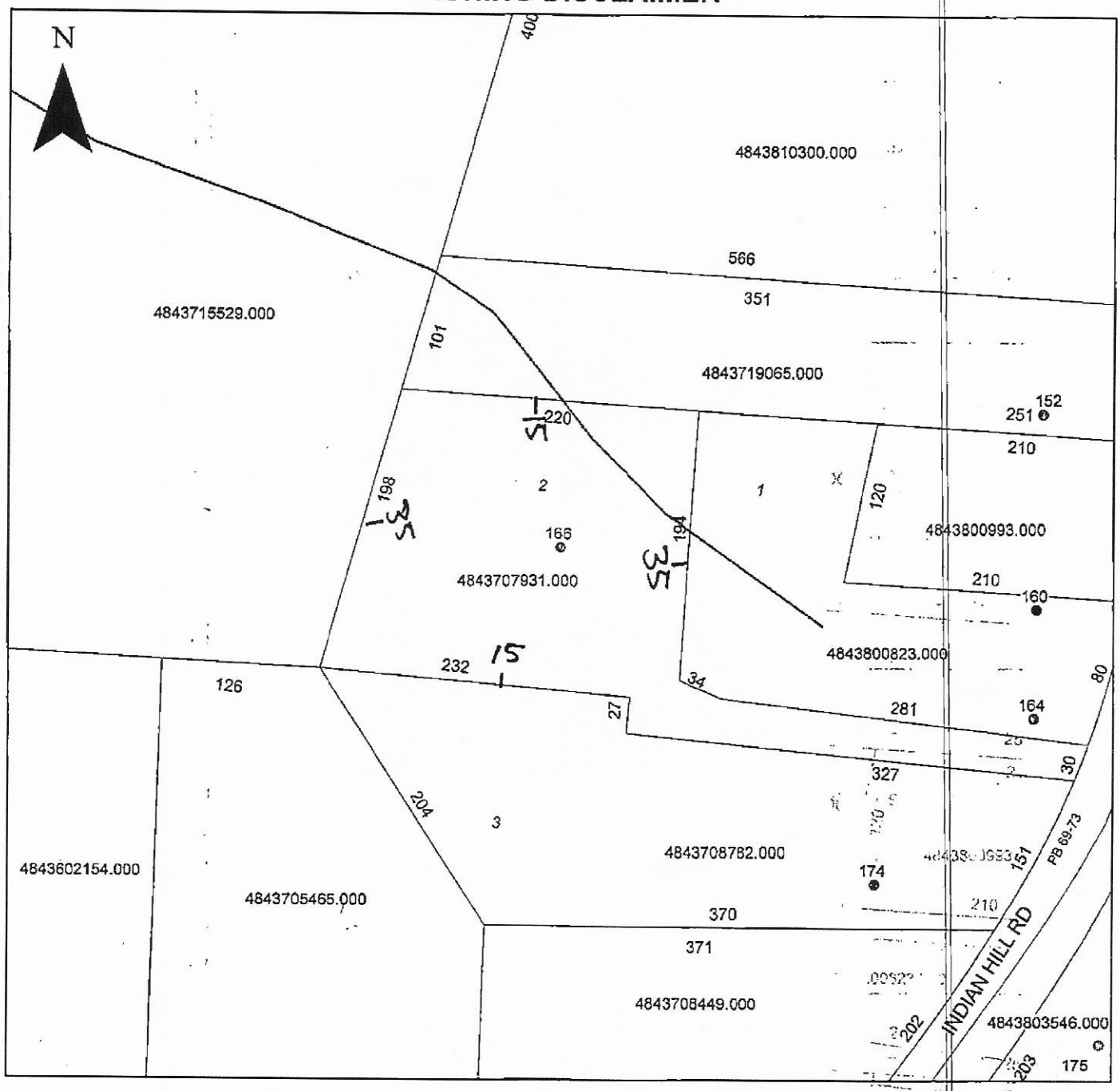
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	188326	TOTAL FEES:	$ 77.25

127545

ZONING DISCLAIMER



Property Address 166 Indian Hill Rd.

No perinnal Stream Per Rich + Set backs - Rich

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

8/9/19

Date